Pancreatitis Symptoms, Diagnosis and Treatment: When Pancreatic Pain Needs Specialist Care

Severe pain in the upper abdomen is often blamed on gas, acidity, indigestion, or a heavy meal. However, when the pain becomes intense, spreads toward the back, causes repeated vomiting, or keeps returning after food, it may indicate a problem involving the pancreas.

Pancreatitis is inflammation of the pancreas. It can appear suddenly as **acute pancreatitis** or develop gradually as **chronic pancreatitis**. Although both conditions affect the same organ, their progression, complications, and long-term treatment needs can be very different.

Acute pancreatitis is generally a sudden, short-term illness. Chronic pancreatitis causes progressive and permanent damage that may eventually interfere with digestion and **blood sugar control.**

Recognising the warning signs early is important because mild pancreatitis may improve with timely hospital care, while severe or repeatedly ignored disease can lead to infection, pancreatic tissue damage, malnutrition, diabetes, or organ complications.

This guide explains the common pancreatitis symptoms, possible causes, diagnostic tests, treatment options, complications, and situations in which consultation with a pancreatic or surgical gastroenterology specialist may be necessary.

What Is Pancreatitis?

Pancreatitis is inflammation and injury of the pancreas, an organ that produces digestive enzymes and hormones such as insulin.

The pancreas is located deep inside the upper abdomen, behind the stomach. It is connected to the small intestine through the pancreatic duct.

The pancreas has two important functions:

1. It releases enzymes that help digest fats, proteins, and carbohydrates.
2. It produces hormones that help regulate blood sugar.

When the pancreas becomes inflamed, digestive enzymes may damage pancreatic tissue instead of functioning normally inside the intestine.

Depending on the pattern and duration of inflammation, pancreatitis may be classified as acute or chronic.

What Is the Main Difference Between Acute and Chronic Pancreatitis?

Acute pancreatitis starts suddenly and may resolve after appropriate treatment, while chronic pancreatitis develops over time and causes permanent pancreatic scarring.

Feature	Acute pancreatitis	Chronic pancreatitis
Onset	Sudden	Gradual or recurrent
Duration	Usually days or weeks	Months or years
Damage	May be reversible	Permanent
Pain	Sudden and severe	Recurrent or persistent
Digestion problems	Usually temporary	Common in advanced disease
Diabetes risk	Possible after severe damage	Increases as disease progresses
Long-term follow-up	Depends on cause	Usually necessary

A single episode of acute pancreatitis does not always lead to chronic disease. However, repeated attacks, smoking, continued alcohol exposure, duct obstruction, genetic conditions, or untreated underlying causes may contribute to long-term pancreatic injury.

What Are the Early Symptoms of Pancreatitis?

The most common warning sign is pain in the upper abdomen.

Pancreatitis pain may:

- Begin suddenly
- Become severe within a few hours
- Feel deep or constant
- Spread from the upper abdomen to the back
- Become worse after eating
- Be accompanied by nausea or vomiting
- Make lying flat uncomfortable
- Improve slightly when leaning forward

Pain alone cannot confirm pancreatitis because gallbladder stones, stomach ulcers, liver disease, heart conditions, intestinal disorders, and other abdominal problems may cause similar symptoms.

Medical evaluation is required to identify the actual cause.

Acute Pancreatitis Symptoms

Acute **pancreatitis symptoms** usually develop suddenly and may include:

- Severe upper abdominal pain
- Pain radiating to the back
- Repeated vomiting
- Nausea
- Fever
- Fast heartbeat
- Abdominal tenderness
- Abdominal swelling
- Weakness
- Shortness of breath
- Yellowing of the eyes or skin
- Reduced urine output in severe illness

People with acute pancreatitis may become seriously unwell within a short period. Severe attacks can affect circulation, breathing, kidney function, and other organs.

Chronic Pancreatitis Symptoms

Chronic pancreatitis symptoms may be less dramatic initially but can continue or recur for months or years.

Common symptoms include:

- Repeated upper abdominal pain
- Pain after meals
- Persistent pain spreading to the back
- Abdominal bloating
- Nausea

- Reduced appetite
- Diarrhoea
- Oily or greasy stools
- Foul-smelling or floating stools
- Unexplained weight loss
- Vitamin deficiencies
- Weakness
- Development of diabetes

Greasy stools and weight loss may develop when the pancreas no longer produces enough digestive enzymes. This is known as **exocrine pancreatic insufficiency**.

Some patients with advanced chronic pancreatitis may experience less pain over time. This does not necessarily mean the pancreas has recovered. It may indicate that pancreatic function has reduced substantially.

What Causes Pancreatitis?

Pancreatitis does not have one single cause. The underlying reason should be identified whenever possible because treating the cause can reduce recurrence and complications.

Gallstones

Gallstones are an important cause of acute pancreatitis.

A stone may leave the gallbladder and become trapped near the opening of the bile duct and pancreatic duct. This can block pancreatic drainage and trigger sudden inflammation.

Patients with **gallstone pancreatitis** may eventually require gallbladder surgery after the acute inflammation is controlled.

Alcohol Exposure

Heavy or repeated alcohol consumption can contribute to both acute and chronic pancreatitis.

Continuing alcohol intake after a pancreatitis episode may increase the risk of another attack and further pancreatic damage.

High Triglycerides

Very high triglyceride levels can cause acute pancreatitis.

This may be associated with:

- Uncontrolled diabetes
- Obesity
- Inherited lipid disorders

- Certain medicines
- **Alcohol consumption**

Smoking

Smoking is an important risk factor for chronic pancreatic injury and may accelerate disease progression, particularly when combined with alcohol exposure.

Pancreatic Duct Obstruction

Narrowing, stones, tumours, anatomical variations, or scarring inside the pancreatic duct can prevent normal drainage.

Persistent obstruction may cause recurrent pain, repeated inflammation, or chronic pancreatitis.

Other Possible Causes

Additional causes may include:

- High calcium levels
- Certain medicines
- Abdominal injury
- Autoimmune pancreatitis
- Genetic conditions
- Pancreatic tumours
- Infections
- ERCP-related inflammation
- Pancreas divisum
- Unknown or idiopathic causes

Patients should not stop prescribed medication without consulting their doctor, even if they are concerned that it may be related to pancreatitis.

Can Gallstones Cause Pancreatitis?

Yes. A gallstone can cause pancreatitis when it blocks the shared opening through which bile and pancreatic fluid drain into the intestine.

This blockage may activate pancreatic inflammation and cause sudden severe abdominal pain.

Gallstone pancreatitis may also be associated with:

- Jaundice
- Bile-duct obstruction
- Gallbladder inflammation
- Fever

- Cholangitis or bile-duct infection

Ultrasound is often used to look for gallstones and bile-duct changes. In selected cases, **ERCP** may be required to remove an obstructing bile-duct stone. Gallbladder removal may be advised to reduce the risk of another attack.

When Is Pancreatitis an Emergency?

Seek urgent medical attention when upper abdominal pain is accompanied by:

- Repeated or uncontrollable vomiting
- Fever or chills
- Difficulty breathing
- Fast heartbeat
- Confusion
- Fainting
- Extreme weakness
- Yellow eyes or skin
- Very low urine output
- Severe abdominal swelling
- Persistent or worsening pain

These symptoms may indicate severe inflammation, infection, bile-duct obstruction, pancreatic necrosis, dehydration, bleeding, or organ dysfunction.

Severe acute pancreatitis can become life-threatening and should not be managed through home remedies alone.

How Is Pancreatitis Diagnosed?

Pancreatitis is diagnosed using symptoms, physical examination, blood tests, and imaging.

For acute pancreatitis, doctors commonly look for at least two of the following:

1. Typical upper abdominal pain
2. Elevated pancreatic enzymes, especially lipase
3. Imaging findings consistent with pancreatitis

Not every patient needs every available test. The investigation depends on the symptoms, severity, age, previous attacks, possible cause, and suspected complications.

Blood Tests for Pancreatitis

Lipase

Lipase is generally the preferred blood marker for acute pancreatitis.

A significant rise, together with typical symptoms, supports the diagnosis.

Amylase

Amylase may also rise during acute pancreatitis, although it can return to normal sooner and may be elevated in other conditions.

Liver-Function Tests

Liver-function tests can help identify possible gallstones or bile-duct obstruction.

Kidney-Function Tests

These tests help assess dehydration and the effect of severe inflammation on kidney function.

Blood Glucose

Blood sugar may rise temporarily during acute illness or remain elevated when chronic pancreatic damage affects insulin production.

Triglycerides and Calcium

These may be checked when gallstones and alcohol do not explain the attack or when a metabolic cause is suspected.

Imaging Tests for Pancreatitis

Abdominal Ultrasound

Ultrasound is particularly useful for identifying:

- **Gallstones**
- Gallbladder inflammation
- Widened bile ducts
- Possible obstruction

The pancreas itself may not always be clearly visible because bowel gas can block the ultrasound view.

CT Scan

A contrast-enhanced CT scan may help identify:

- Pancreatic swelling
- Necrosis
- Fluid collections
- Infection

- Pseudocysts
- Bleeding
- Complications involving nearby organs

A CT scan may not be necessary immediately in every mild and straightforward case.

MRI and MRCP

MRI provides detailed images of the pancreas and surrounding tissues.

MRCP is a specialised MRI technique used to examine:

- The pancreatic duct
- **The bile duct**
- Duct narrowing
- Duct stones
- Anatomical abnormalities
- Obstruction

Endoscopic Ultrasound

Endoscopic ultrasound may identify subtle pancreatic disease, small gallstones, duct changes, pancreatic cysts, or masses that are difficult to see on routine scans.

ERCP

ERCP is mainly used as a treatment procedure rather than a routine diagnostic test.

It may be used to:

- Remove bile-duct stones
- Open narrowed ducts
- Place a stent
- Improve drainage
- Treat selected duct-related complications

How Is Acute Pancreatitis Treated?

Acute pancreatitis treatment usually begins in a hospital.

Treatment may include:

Intravenous Fluids

Fluids support circulation and treat dehydration caused by vomiting and inflammatory fluid shifts.

Pain Management

Acute pancreatic pain may be severe and requires appropriate medical pain control.

Treatment for Vomiting

Anti-nausea medicines may help control vomiting and allow patients to tolerate fluids and food.

Early Nutrition

Patients with mild acute pancreatitis are generally encouraged to restart oral food when it can be tolerated.

Patients with severe disease who cannot eat may require tube feeding.

Oxygen or Intensive-Care Support

Severe cases may require oxygen, close monitoring, blood-pressure support, kidney support, or intensive-care management.

Antibiotics When Infection Is Present

Antibiotics are not automatically required for every pancreatitis attack because pancreatitis is inflammation and not necessarily infection.

They may be used when infection is confirmed or strongly suspected.

Treatment of the Underlying Cause

Treatment may also involve:

- **Gallbladder surgery**
- ERCP for bile-duct obstruction
- Triglyceride control
- Alcohol cessation
- Medication review
- Treatment of high calcium
- Assessment of pancreatic duct abnormalities

How Is Chronic Pancreatitis Treated?

Chronic pancreatitis treatment focuses on controlling symptoms, protecting nutrition, improving digestion, managing diabetes, and treating structural complications.

Lifestyle Changes

Patients are generally advised to stop smoking and alcohol because continued exposure may worsen pancreatic damage.

Pancreatic Enzyme Replacement

Pancreatic enzyme capsules may be prescribed when natural enzyme production is insufficient.

They are usually taken with meals and snacks to:

- Improve digestion
- Reduce greasy stools
- Improve nutrient absorption
- Support weight gain
- Reduce vitamin deficiency

Nutritional Support

Patients may require:

- Smaller and more frequent meals
- Adequate protein
- Dietitian guidance
- Vitamin supplementation
- Pancreatic enzymes
- Diabetes management

Dietary requirements should be personalised. Extreme dietary restriction without medical guidance can worsen malnutrition.

Pain Management

Pain treatment may involve:

- Appropriate medicines
- Pancreatic enzyme therapy when indicated
- Endoscopic procedures
- Nerve interventions
- Treatment of duct obstruction
- Surgery in selected cases

Long-term painkillers alone may not solve the problem when pain is being caused by pancreatic duct stones, narrowing, obstruction, a pseudocyst, or another structural complication.

When Is Surgery Needed for Pancreatitis?

Surgery is not required for every patient with pancreatitis.

It may be considered when there is:

- Persistent pain despite appropriate treatment
- Pancreatic duct obstruction
- Pancreatic duct stones
- Enlarged pancreatic head
- Symptomatic pseudocyst
- Infected pancreatic necrosis
- Bleeding
- Obstruction of the stomach, intestine, or bile duct
- Recurrent gallstone pancreatitis
- Suspicion of pancreatic cancer
- Failure of suitable endoscopic treatment

The choice of procedure depends on the location of disease, duct anatomy, presence of stones, complications, overall health, and whether malignancy is suspected.

At **Gastroheal Hospital**, pancreatic cases are evaluated to determine whether medical, endoscopic, radiological, or surgical treatment is most suitable. Gastroheal is a specialised digestive and surgical gastroenterology centre in Anand offering care for pancreatic, liver, gallbladder, gastrointestinal, and related conditions.

What Complications Can Acute Pancreatitis Cause?

Possible acute pancreatitis complications include:

- Severe dehydration
- Low blood pressure
- Breathing difficulty
- Kidney injury
- Pancreatic necrosis
- Infected necrosis
- Pancreatic fluid collections
- Pseudocyst
- Bleeding
- Sepsis
- Multiple-organ failure

A pancreatic pseudocyst is a mature collection of pancreatic fluid surrounded by a wall. Some pseudocysts remain small and require observation, while others may cause pain, infection, bleeding, obstruction, or pressure on nearby organs.

What Complications Can Chronic Pancreatitis Cause?

Long-term pancreatic damage may cause:

- Exocrine pancreatic insufficiency
- Malnutrition
- Vitamin deficiency

- Diabetes
- Pancreatic duct stones
- Duct narrowing
- Persistent pain
- Pseudocysts
- Bile-duct obstruction
- Intestinal obstruction
- Increased pancreatic cancer risk

Chronic pancreatitis is associated with a higher risk of pancreatic cancer than the general population, but this does not mean that every patient with chronic pancreatitis will develop cancer.

New jaundice, unexplained weight loss, worsening diabetes, a changing pain pattern, persistent vomiting, or a pancreatic mass requires further evaluation.

Can Pancreatitis Cause Diabetes?

Yes. Pancreatitis can damage the cells responsible for producing insulin and may result in pancreatic diabetes.

Diabetes is more common in chronic pancreatitis because pancreatic damage progresses over time. It can also develop following a severe acute attack.

Patients may require:

- Blood glucose monitoring
- Dietary guidance
- Oral medicines or insulin
- Pancreatic enzyme replacement
- Regular follow-up

Can Pancreatitis Be Prevented?

Not every case can be prevented, but recurrence risk may be reduced by treating the underlying cause.

Preventive measures may include:

- Removing the gallbladder after gallstone pancreatitis when advised
- Avoiding alcohol
- Stopping smoking
- Controlling triglycerides
- Managing diabetes
- Treating high calcium
- Reviewing medicines with a doctor
- Maintaining follow-up after severe attacks
- Investigating repeated unexplained episodes

- Treating pancreatic or bile-duct obstruction

After acute pancreatitis, feeling better does not always mean the underlying cause has been corrected.

When Should You Consult a Pancreatitis Specialist?

Consult a pancreatic or surgical gastroenterology specialist when:

- Severe upper abdominal pain spreads to the back
- Pancreatitis attacks keep returning
- Gallstones have caused pancreatitis
- Pancreatic duct stones or narrowing are found
- Pain continues despite medication
- Weight loss or greasy stools develop
- Diabetes appears alongside pancreatic disease
- A pancreatic cyst or fluid collection is detected
- Jaundice develops
- Surgery or drainage has been recommended
- Pancreatic cancer needs to be excluded

Early specialist assessment can help identify whether the patient needs observation, medical treatment, endoscopy, drainage, gallbladder surgery, pancreatic surgery, or long-term nutritional and diabetes support.

Pancreatic Disease Care at Gastroheal Hospital in Anand

Gastroheal – Centre for Digestive Diseases provides specialised treatment for pancreatic, liver, gallbladder, gastrointestinal, and related surgical conditions in Anand, Gujarat.

The centre is led by Dr. Prem Shah and provides access to surgical gastroenterology care, advanced laparoscopic procedures, pancreatic surgery, GI cancer surgery, operation-theatre facilities, critical-care support, and coordinated treatment from diagnosis through recovery.

Patients from Anand, Nadiad, Kheda, Karamsad, Petlad, Borsad, Vallabh Vidyanagar, and other areas of Central Gujarat can consult Gastroheal Hospital for evaluation of recurrent pancreatic pain, gallstone pancreatitis, chronic pancreatitis, pancreatic duct problems, pseudocysts, pancreatic tumours, and complications requiring surgical assessment.

Frequently Asked Questions

What is the most common symptom of pancreatitis?

The most common symptom is upper abdominal pain that may spread to the back. Acute pain is often sudden and severe, while chronic pancreatitis may cause recurrent or persistent pain.

Can pancreatitis be cured completely?

Mild acute pancreatitis may resolve completely when treated promptly and when the cause is addressed. Chronic pancreatitis causes permanent scarring and generally requires long-term management.

Does pancreatitis always require hospitalisation?

Acute pancreatitis usually requires hospital assessment, and many patients need admission. Chronic pancreatitis may be managed through outpatient care unless there is severe pain, malnutrition, obstruction, infection, or another complication.

Can gallbladder stones cause pancreatitis?

Yes. A gallstone can block the area where the bile duct and pancreatic duct drain, causing pancreatic inflammation.

Is surgery compulsory in chronic pancreatitis?

No. Surgery is used only in selected patients, such as those with persistent pain, duct obstruction, pancreatic stones, pseudocysts, complications, or suspected cancer.

What foods should a pancreatitis patient avoid?

Dietary advice varies according to disease severity, nutritional condition, diabetes, enzyme deficiency, and other medical factors. Patients are commonly advised to avoid alcohol and follow an individually planned diet rather than starting extreme restrictions without medical supervision.

Can pancreatitis cause weight loss?

Yes. Chronic pancreatitis can reduce digestive enzyme production, leading to poor nutrient absorption, greasy stools, reduced appetite, and weight loss.

Can pancreatitis return after treatment?

Yes. Acute pancreatitis can recur when the underlying cause, such as gallstones, alcohol exposure, high triglycerides, or pancreatic duct obstruction, has not been corrected.

Which doctor treats pancreatitis?

Pancreatitis may require coordinated care involving a gastroenterologist, surgical gastroenterologist, pancreatic surgeon, radiologist, critical-care specialist, dietitian, and diabetes specialist, depending on its severity and cause.

When should abdominal pain be treated as an emergency?

Seek urgent care for severe or worsening abdominal pain with repeated vomiting, fever, breathing difficulty, fainting, jaundice, confusion, reduced urine output, or severe weakness.

Conclusion

Pancreatitis can range from a mild, temporary episode to a severe or long-term disease affecting digestion, nutrition, blood sugar, and quality of life.

Sudden severe upper abdominal pain, repeated vomiting, pain spreading to the back, jaundice, unexplained weight loss, oily stools, or recurrent symptoms should not be ignored.

Accurate diagnosis, early hospital care, identification of the underlying cause, and timely specialist treatment can reduce complications and help protect pancreatic function.

For pancreatic disease assessment, pancreatitis treatment, gallstone-related complications, or pancreatic surgery consultation in Anand and Central Gujarat, patients can **consult Gastroheal Hospital** for specialised digestive and surgical gastroenterology care.